Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Leticia's Care Home	CHAPTER 100.1
Address: 1375 Ala Hoku Place, Honolulu, Hawaii 96819	Inspection Date: November 6, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS Substitute care giver (SCG) #1 – Missing documentation of annual physical exam.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Substitute care given #1 has already provided The decementary already provided The decementary of the annual physical exam.	in 11/8/19
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS SCG #1 – Missing documentation of annual tuberculosis clearance.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY For the next time, an evidence of annual tuberculopia eleanent char already been done before providing care and services. Its the recidents. Sch # / already Sabmitted with her already Sabmitted with her annual physical examination on the annual TB clearance.	Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-12 Emergency care of residents and disaster preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. FINDINGS First aid kit contains unallowed items (e.g., insect bite cream and burn cream).	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Tenallared items from my first aid fit has already been remared and disposed to the truch can.	11/6/19
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FINDINGS First aid kit contains unallowed items (e.g., insect bite cream and burn cream).	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	Put a note on my first aid tit to check for applied medicor reallaced items and remove if found any,	
	found any;	12/16/19
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	iota	. 11 St.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. FINDINGS Expired food items (e.g., salad dressings and condiments) stored in the refrigerator for use by residents. Boxes of food items (e.g., Twinkies, Hostess Cupcakes, fruit cups, juice, and apple sauce) stored on the living room floor.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY To present finisher deficiency, all foods stored in refrigerator that expired was remared and disposed in the track can. Bonce of food items that were stored on the living room flow was removed and placed in a rack and calinate that is inches being then the floor to present continued.	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Bottle of Clorox bleach stored unsecured in the kitchen cabinet.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Truy, buckand observey installed a look on the kitchen cooling to prevent resident in getting. To it.	ed it 11/10/19
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	Net Princip	<u></u>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #1 — Monthly progress notes from November 2018 to October 2019 do not include documentation of resident's response to medications taken. Resident #1 — Progress notes for April 2019, June 2019, and September 2019, do not include a response to treatment following restorative dental treatments that occurred in those months on the following days - 4/5/19, 6/21/19, and 9/6/19.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
§11-100.1-17 Records and reports. (b)(8) During residence, records shall include: Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN; FINDINGS Resident #1 — Progress notes from November 2018 to October 2019 do not include notation of medical and dental appointments. • Medical appointments: 11/27/18, 1/17/19, 1/24/19, 2/21/19, 3/22/19, 4/22/19, 4/25/19, 5/24/19, 6/24/19, 7/23/19, 7/29/19, 8/3/19, 9/4/19, 9/20/19, 10/16/19, 10/20/19 • Dental appointments: 4/5/19, 6/21/19, 9/6/19	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.		
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Dental appointments. 4/3/19, 6/21/19, 9/6/19		

§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU	Date
available for review by the department or responsible		
FINDINGS Resident #1 — Date of last TB test documented on resident emergency information form is noted as 3/28/13. Most recent TB clearance was completed on 2/21/19. Resident #1 — Diet order not documented on emergency information form.	Jor the next time, I have for be more careful, accurate complete and cornect in documenting in all their	
	Emergency informalin forme	11/6/19

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; FINDINGS Single use hand towels unavailable for use by residents.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Jour single nee hand fourly are already, available in the above fourly available in the by each of the revolution.	11/8/19

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FINDINGS Single use hand towels unavailable for use by residents.	In the future, each reside	7
	In the future, each secide have their own then their own hand fower hand fower hanging in the text rack	P
•	in residente bathroom, to	
	in peridente bathroom, to comply with lower and rule relating to Southaten, healt	lei
	relating to Soutation, healt	K,
	infection control and quainvincental sofety.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Complet Date	
§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. FINDINGS Bedroom #1 and #4 — Signaling device not at bedside.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Bedroom I & diagnaling device in already placed at resident bedrede table and resident were advised and remainder not to hide or more so it will be easier to know where it is if surroyency arrier.		
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	device in at residents device in at residents bedside. Reminde satisfants not to hide it. Dought extra signaling device to have readily sint just incase other device is lost or missing.	11/6/19
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Licensee's/Administrator's Signature:	Peris Lorendo
Print Name:	TESSIE FERNANDO
Date	12/26/19

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